

State: IOWA

**ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM
APPLICATION BY LOCAL EDUCATIONAL AGENCIES
FOR EMERGENCY IMPACT AID FOR DISPLACED STUDENTS
AND ASSISTANCE FOR HOMELESS CHILDREN AND YOUTH**

LEA NAME :
STREET/P.O. BOX :
CITY :
COUNTY :
STATE & ZIP :

CONTACT PERSON NAME :
TITLE :
PHONE :
FAX :
E-MAIL :

I certify that the school district has contacted all non-public schools within the district's boundaries to notify them of the availability of funding under this program and that the district has reviewed documentation to verify the eligibility of any non-public school students included in this application as meeting the definition of displaced students.

I certify that the school district will make payments to Individual Emergency Impact Aid Accounts for students enrolled in non-public schools who are counted on this application within 14 calendar days of the school district's receipt of funds provided for this application.

I certify that I have read the statements contained in this application and that these statements and the data included in this application are, to the best of my knowledge and belief, true, complete and correct. I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant, and otherwise to act as the applicant's authorized representative in submitting this application for funding.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE